

Mr. Chairman, members of the committee and staff, thank you for the opportunity and the honor of sharing with you our views and thoughts about the healthcare crisis that we in Nevada face with a shortage of contract health service dollars.

My name is Cindy Curley; I am the Health Director for the Pyramid Lake Paiute Tribe located in Nixon Nevada which is 45 minutes northeast of Reno Nevada. I do not pretend to speak on behalf of the 26 other tribes in the State of Nevada. I will however; share with you our experiences with the CHS program, lack of access to healthcare and the impact of these two issues on our population at Pyramid Lake Paiute Tribe.

And what are these issues?

1. Due to the depletion of CHS funds, 106 local healthcare providers are either restricting or declining to accept any additional CHS patients who are referred to local health care provider UNLESS they are “paid up front.”
2. Further exacerbating this problem is that local healthcare providers are still billing Tribal Health Clinics at “full charge billing.” Although

regulations were disseminated to clarify that the Tribal clinics are exempt from this practice, healthcare providers have interpreted the revised regulation as pertaining to only “inpatient care” and not “outpatient care.”

3. As a result, patients who have been referred are being hounded by Collection agencies to collect the cost of the healthcare provided-bills that rightfully IHS should be paying. Patients are impacted by this situation-mentally, physically, and emotionally. Moreover, their credit ratings are being negatively affected.
4. More significant are the numbers of CHS-referred patients either declining or deferring their healthcare until additional CHS funds are available. As a result, their health status worsens and will eventually cost even more. The number one health issue affecting Nevada Tribal members is Diabetes-chronic disease with costly co-morbidities such as heart disease, chronic kidney disease, amputation.
5. CHS approves renal transplant yet patient unable to obtain required medications to support the transplanted kidney. Medications include: Cell Cept, and rapid acting insulin regimens per the Stanford protocol at high risk for rejection of donor kidney due to formulary restrictions.

6. Pain management issues are huge in this environment. Individuals with chronic pain are denied orthopedic and neurological consults with escalating narcotic requirements now at risk for sudden death due to extraordinary requirements without pain management availability. Sometimes the cost of the narcotics may be more than the procedure needed to correct the problem or the appropriate pain management which is not available.
7. In the past year, we have had 413 referrals of which 59% have been denied due to “**not within priority**” What constitutes priority? The response is: if you can make an appoint to have it done, it does not constitute priority level one. And Mr. Chairman, members of the Committee, of the 59% that have been denied; 6% have died. Yet we are told this problem is the same across the board. This explanation holds no comfort to the families affected by these untimely/preventable deaths.

**Proposed solutions:**

The CHS funding formula needs to be revised to reflect;

### **Distance traveled**

Members of the Pyramid Lake Paiute Tribe have to travel between 45 and 90 minutes to see a specialty provider or get to the hospital. Other tribes have to travel 2 hours or more each way to receive any sort of healthcare. This is extremely difficult and tiresome for Dialysis patients who have to make this trek 2 to 3 days per week.

### **Access to healthcare:**

There is no Indian hospital in the state of Nevada since the Schurz hospital was shut down in the 1980's and further exacerbating the problem; less than 1% of the Nevada Tribal populations have had access to Phoenix Indian Medical Center.

### **Cost of Healthcare:**

Since no contracting has been done with specialty providers or hospitals, we are forced to pay full bill charges which rapidly deplete the CHS dollars.

### **Need for preventive healthcare;**

This would in the long run reduce CHS spending and improved the health status of Native Americans in Nevada.

Funding for the creation of the Nevada Area Office; this would give Pyramid Lake and other tribes in Nevada a louder voice and provide the Nevada tribes and clinics much needed assistance.